

MANCHESTER HEALTH DEPARTMENT
1528 Elm St.
Manchester, NH 03101
Tel: (603) 624-6466 Fax: (603) 628-6004

SPA AND HOT TUB INSPECTION FORM

Facility Name: _____ License Number: _____

Address: _____

Manager: _____ Spa Capacity: _____

Date Inspected: _____ Inspected By: _____

"X" in "NO" Column indicates a violation

	YES	NO	REMARKS
<u>WATER QUALITY</u>			
* Chlorine / Bromine residual (2.0 -5.0 ppm)	_____	_____	
* pH (7.0 - 7.8)	_____	_____	
* Clarity --Deepest part visible	_____	_____	
* Water temperature not above 104° F	_____	_____	
Total alkalinity _____ (80-120) suggested	_____	_____	
<u>SAFETY STANDARDS</u>			
* Unsupervised access by children prohibited	_____	_____	
* No hazards observed	_____	_____	
* Safety signs / literature posted	_____	_____	
* Emergency phone numbers posted	_____	_____	
First aid kit available	_____	_____	
<u>CONSTRUCTION AND MAINTENANCE</u>			
Spa dimensions _____ Gallons _____			
Spa or tub surfaces smooth and cleanable	_____	_____	
Suitable drain covers	_____	_____	
* Recirculation system properly working	_____	_____	
- Flow meter present and working	_____	_____	
- 30 minute turnover through filters	_____	_____	
- Filter / filtration acceptable	_____	_____	
* Chlorination / Bromination properly working	_____	_____	
Hair strainer present and used	_____	_____	
* Free of cross connections	_____	_____	
Proper testing equipment available	_____	_____	
Suitable daily records kept	_____	_____	
<u>AREA SANITATION</u>			
Bathing area clean	_____	_____	
Separate toilet facilities provided	_____	_____	
Toilet facilities clean & maintained	_____	_____	
Shower facilities provided and maintained	_____	_____	
Waste receptacles provided	_____	_____	

***NOTICE:** This inspection found a violation of section 91.42/43 of the City of Manchester Code of Ordinances. This violation must be corrected within _____. Failure to do so may result in the issuance of a citation (ticket).

FACILITY MANAGER

ENVIRONMENTAL HEALTH SPECIALIST